



**Request for Designated Off Campus Social Event
William Woods University**

Must be returned to the Office of Student Life seven days in advance

Sponsoring Organization/individuals: _____

Contact Person: _____ Cell phone: _____

E-mail address: _____

Name of Event: _____

Purpose of Event: _____

Date of Event: _____ Start time: _____ End time: _____

Please proceed to page 2.

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**Off-Campus Request
TO BE FILLED OUT BY HOST VENUE**

Host location: _____

Address: _____ Contact person: _____

_____ Phone number: _____

The host venue agrees to a fee of \$_____.

The host venue must provide proof of insurance and be on file with William Woods University. Please attach a copy.

Insurance company: _____

Policy number: _____

Method of verification of legal age of student attending:

List required alternative beverages and food to be served. Please verify with sponsoring organization if food needs to be served.

Number of security personnel hired (required by the venue): _____

TO BE FILLED IN BY SPONSORING ORGANIZATION

Student sober monitors:

1. _____ 2. _____

Please proceed to page 3.



To be filled out by the Host Venue and Student Organization Contact

1. Has a walkthrough of the facility been conducted with organization contact?

Host Venue Contact initials _____
Organization Contact initials _____

2. Has the student contact been made aware of the Host Business' rules and regulations regarding the facility?

Host Venue Contact initials _____
Organization Contact initials _____

- Special considerations: _____

3. Sponsoring organization agrees to comply with the William Woods University and Codes of Conduct.

4. Depending on the size of the event, additional sober monitors and security personnel may be required. Monitors are not allowed to drink at the event. If the monitor(s) drinks at the event, he/she will be referred to the appropriate judicial board.

Signature of Host Vendor representative: _____

Signature of Organization representative: _____

Please return this form via fax or mail to the William Woods University Office of Student Life. Upon receiving this form from the host venue, organizations or individuals will be able to register their event with William Woods University.

Upon receiving information from the Host Vendor, an organization's advisor's signature is required.

Organization Advisor: _____

Signature: _____ Phone number: _____